

## EXHIBIT D

**Karim Kabbara**

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**INVOICE**

To: BU Medical Campus  
Doreen Nicastro  
Training & Communication Director  
715 Albany St  
A301, Boston, MA, 02118

INVOICE DATE	INVOICE NO.	SERVICE PROVIDER	VENDOR (OUR) NO.	TERMS
1/12/1999	0004	N/A	2	N/A

LINE ITEM	DESCRIPTION	HOURS	RATE	AMOUNT
1	Coding	6		
2	Analysis	3		
3	Testing / Debuging	4		
4	Travel	1		
TOTAL DUE				

Make all checks payable to: Karim Kabbara

THANK YOU FOR YOUR BUSINESS!